



Statement of Committee Organization

Missouri Ethics Commission
Office Use:
NOV 27 2017

1. Statement Information

Date: 11-11-2017

Type: ☐ New ☒ Amended (if amending, enter MEC ID C000892 & section changed 2,3,5,8)

2. Committee Information

16th Ward Democratic Organization

Name of Committee

6467 Kinsey Pl., St. Louis, MO 63109

Committee Mailing Address, City, State, & Zip

(314) 346-3268

Telephone Number

St. Louis City Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Chris Murphey

Treasurer's Name (First & Last)

6467 Kinsey Pl., St. Louis, MO 63109

Treasurer's Mailing Address, City, State, & Zip

Louise Tonkovich

Deputy Treasurer's Name (if one appointed)

48 Willmore Rd., St. Louis, MO 63109

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 346-3268

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

(314) 249-9520

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name (First & Last)

Amendment

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)